

**Publicly Funded Mine Drainage Treatment or Abatement Project Information Sheet**

**General Project Information**

Project Name and or No.: PORTER TUNNEL DIVERSION WELL PA-104  
Location: Municipality and County: SCHUYLKILL  
Watershed: WICONISCO CREEK  
USGS Quadrangle: PINE GROVE  
Latitude and Longitude: 40.59555600000002 -76.498610999999997

**Contact Information**

Contact Organization: CATAWISSA CREEK RESTORATION ASSOCIATION  
Contact Person: ED WYTOVICH  
Contact Address: 12 PAUL STREET  
ASHLAND  
PA  
17921  
Contact Telephone Number: 5708753993  
Contact Email: crickguy@ptd.net

**Organization Currently Responsible For Project Operations, Monitoring and Maintenance**

Is this organization different from Contact Organization? True  
Organization Name: WICONISCO CREEK RESTORATION ASSOC (WCRRA)  
Organization Contact Name: ROBERT PENNEL  
Organization Contact Address: ✓ W/DAUPHIN CO CONSERVATION DISTRICT  
Organization Telephone Number: 0  
Organization Email: \_\_\_\_\_

**Site Information**

Who owns the property the project is constructed upon?  
TOM MACK  
\_\_\_\_\_  
\_\_\_\_\_

Driving Directions to the Project Site (from an easily identifiable reference point):  
FROM TOWNA CITY EXIT ON I81 TAKE RT 209 SOUTH TO  
MUIR, LEFT AT 1ST ST TO STOP SIGN, LEFT UNTIL  
YOU RUN OUT OF ROAD, THEN LEFT ON MACK'S DRIVEWAY, TAKE  
IT IS

Special instructions for entry to the site (gates, keys, notifications or permissions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Is there a perpetual access agreement for monitoring and O&M? Yes or No  
Is the site readily accessible (by 2WD vehicle)? Yes or No  
Was project completed as part of an overall watershed restoration plan? Yes or No  
Is the plan available electronically? Yes or No  
Could you provide the DEP a copy of the plan? Yes or No  
Is a copy of the plan attached? Yes or No

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Project Description (Describe the treatment system including each individual component):

DIVERSION WELL PLUS INTAKE IMPOUNDMENT w/  
NECESSARY PLUMBING

**Pre-Construction Discharge Flow and Monitoring Data**

Is data available electronically? Yes or ~~No~~

In what format? Microsoft Excel Access Database Other(specify) \_\_\_\_\_

Indicate how flow was measured: IN-STREAM MEASUREMENTS PLUS D-WELL DISCHARGE

Indicate laboratory that analyzed samples (or whether field kits were used) AS A WEIR  
FIELD KITS (ACH) PLUS DRP

Could you provide this data to the DEP? Yes or ~~No~~

Is a copy of the data attached? Yes or ~~No~~

**Pre-Construction Receiving Stream Flow and Monitoring Data**

Is data available electronically? Yes or ~~No~~

In what format? Microsoft Excel Access Database Other(specify) \_\_\_\_\_

Indicate how flow was measured: DRP DATA WAS USED, I DON'T KNOW

Indicate laboratory that analyzed samples IF IT IS AVAILABLE ELECTRONICALLY

Were any biological or fish surveys completed? Yes or ~~No~~

Could you provide this data to the DEP? Yes or ~~No~~

Is a copy of the data attached? SRBC DID SURVEY Yes or ~~No~~

**Treatment System Design Information and Criteria**

Who or what firm completed project design? (Include name, address, phone, email and contact person, if available): PRE - WCRA - INFORMAL GROUP  
0

Are digital photographs of the site before, during and/or after construction available? Yes or ~~No~~

Was there a Specific Restoration or Treatment Goal for this treatment system? Yes or ~~No~~

If yes, please describe the goal:

INCREASE PH OF TREATED WATER

What is the Design Flow Rate? 600 GPM

Other design criteria (retention time, acidity loading or removal rate, metals loading or removal rate, alkalinity generation rate, etc.) \_\_\_\_\_

Does the treatment system take all of the flow or is some of the flow bypassed?

VARIES DEPENDING UPON DISCHARGE FLOW RATE,  
CAN BE VERY VARIABLE

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### Plans and Specifications:

#### As-Bid Project Drawings and Technical Specifications

Is this information available electronically? Yes or ~~No~~  
 Could you provide the DEP a copy of the plan? Yes or ~~No~~  
 Is a copy attached? Yes or ~~No~~

#### As-Built Drawings

Is this information available electronically? Yes or ~~No~~  
 Could you provide the DEP a copy of the plan? Yes or ~~No~~  
 Is a copy attached? Yes or ~~No~~

### Construction and Project Funding Information

What year was the project constructed? 1994

When (specific date) did project construction begin? 1992

When (specific date) was project construction completed? 1994

Who was the Construction Contractor? (Name, Address, Phone, email, contact person)  
VOLUNTEERS

When (specific date) did the treatment system go on-line? 1994 (FALL)

#### Primary Funding Partners, and funding provided:

Source	True or false	Amount
Title IV, Appalachian Clean Streams	False	\$ .00
PADEP Growing Greener	False	\$ .00
10% AMD Set Aside Funds	False	\$ .00
EPA Section 319	True	\$5,000.00
OSM Watershed Cooperative Assistance Program	False	\$ .00
NRCS	False	\$ .00
EPA Watershed Protection	False	\$ .00
USCOE	False	\$ .00
University	False	\$ .00
Private/Foundation	False	\$ .00

How or by whom was treatment system construction funded or other funding not included in the table?

Source	Amount
<u>PORTER-TOWER LIONS CLUB</u>	<u>\$ .00 ?</u>
	<u>\$ .00</u>

### Post Construction Operation, Monitoring and Maintenance

Is there a Sampling and Monitoring Plan? Yes or ~~No~~

Is the plan available electronically? Yes or ~~No~~

Is a copy of the plan attached? Yes or ~~No~~

Is treatment system currently being sampled and monitored? Yes or ~~No~~

If so, by whom? \_\_\_\_\_

Approximately how many hours per year are spent doing O,M&M for this system? NONE

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Where are samples being analyzed? (Name, Address, Phone, email, contact person)

FIELD TESTS PLUS DEP LAB

If DEP Lab is being used, what is the project ID and the Sample Information System (SIS) monitoring point IDs?

N/A

Is there an Operation and Maintenance Plan? Yes or ~~No~~

Is the plan available electronically? Yes or ~~No~~

Could you provide the DEP a copy of this information? Yes or ~~No~~

Is a copy of the information attached? Yes or ~~No~~

Comments on the treatment system: NO LONGER IN USE - MOST DATA LOST DURING REMOVE - SYSTEM DID NOT IMPACT pH, DID DROP ACIDITY ABOUT 15% - INFLUENT pH 2.5 - 3.0  
INFLUENT ACIDITY 325 MG/L  
EFFLUENT ACIDITY 275 MG/L

**Post-Construction Discharge Flow and Monitoring Data**

Is the data available electronically? Yes or ~~No~~

In what format? Microsoft Excel \_\_\_ Access Database \_\_\_ Other(specify) \_\_\_

Indicate how flow was measured: \_\_\_

Could you provide the DEP a copy of this information? Yes or ~~No~~

Is a copy of the information attached? Yes or ~~No~~

**Post-Construction Receiving Stream Flow and Monitoring Data**

Is the data available electronically? Yes or ~~No~~

In what format? Microsoft Excel \_\_\_ Access Database \_\_\_ Other(specify) \_\_\_

Indicate how flow was measured: \_\_\_

Could you provide the DEP a copy of this information? Yes or ~~No~~

Is a copy of the information attached? Yes or ~~No~~

Were any biological or fish surveys that were completed on the receiving stream? SRBC SURVEY Yes or ~~No~~

**Treatment System Maintenance and/or Rehabilitation**

Has rehabilitation work been performed at the site? Yes or No

True(yes) or false(no): ~~False~~ TRUE, SEVERAL TIMES AFTER FLOOD EVENTS

If yes, please list the rehabilitation activity. REPAIR INTAKE IMPOUNDMENT, REMOVE BLOCKAGES FROM PIPES

If yes, please list the date of rehabilitation. 0 MANY

If yes, please list the rehabilitation cost. \$ .00 VOLUNTEER TIME AND EQUIPMENT

What routine or non-routine maintenance issues have arisen since system was put online?  
HIGH WATER EVENTS, LEAVES AND BLOCKAGES

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How was maintenance work funded?

PORTER-TOWER LIONS CLUB, WCBRA, VOLUNTEERS,  
TWP WORKERS

What routine or non-routine maintenance is currently needed or anticipated in the next 1-3 years?

NONE

**Other Comments**

Diversion Wells abandoned. Rausch Creek Land (Trust Obligation) Aquafix + 4 ponds.

**Person(s) Completing this Form (Name, Address, Phone, email, Date Completed):**

ED WYTOVICH  
12 PAUL ST  
ASHLAND PA 17821  
570-875-3993

**Is there any other person, company or organization that should be contacted for information about this treatment system or the information requested in this form?**  
(Include Name, Address, Phone, email, etc):